



Tennessee Board of Chiropractic Examiners
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
615-741-3807

ACUPUNCTURE EDUCATION VERIFICATION

APPLICANT: Supply the information requested in this box and then mail this entire form to the school at which you completed your acupuncture training. **NOTE:** Some schools require a fee, so you may wish to contact the institution before mailing this form so that you can attach the applicable fee(s).

TO WHOM IT MAY CONCERN:

I am applying for a license or permit to practice chiropractic acupuncture in the State of Tennessee. The Board of Chiropractic Examiners requires verification of educational attainment. Please forward an original transcript showing degree/diploma/certification awarded and bearing the institution's official seal to the Board's address below.

Applicant's Full Name: _____
(First) (Middle) (Last) (Maiden)

Applicant's Address: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Student Identified Number: _____

Year of Graduation/Completion: _____

Please forward an original graduate transcript bearing the institution's official seal to:

Board of Chiropractic Examiners
665 Mainstream Drive 2nd Floor
Nashville, TN 37243

Thank you for your cooperation and prompt response.

Applicant's Signature Date